



Eric Holcomb, Governor
State of Indiana

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Telemedicine services and speech-language therapy services Fact sheet

The Bureau of Developmental Disabilities Services is currently operating under Executive Order 20-02 issued by Indiana Governor Eric Holcomb on March 6, 2020, declaring a Public Health Emergency in the state of Indiana due to the outbreak of Coronavirus (COVID-19).

In response to the COVID-19 pandemic and the serious health risk it poses to Indiana's intellectual and developmental disabilities population, The Division of Disability and Rehabilitative Services issued guidance and temporary changes to the delivery of our home and community based services that include the Family Support Waiver and the Community Integration and Habilitation Waiver.

This fact sheet is intended to provide a brief overview and possible examples of the delivery of speech-language therapy services through the use of telemedicine as appropriate.

For the most up to date and detailed information on all of the temporary changes and guidance related to COVID-19 visit the DDRS COVID-19 response page which can be found [by clicking here](#).

Speech-language therapy services service definition

Speech-language therapy services means services provided by a licensed speech pathologist for individuals over the age of 21 that comply with Indiana Administrative Code and all applicable FSSA/BDDS regulations and standards. Individuals under the age of 21 should utilize speech-language therapy services through their Medicaid State Health Plan utilizing the early and periodic, screening, diagnosis and treatment benefit.

Examples of utilizing telemedicine services for speech-language therapy services

Delivery of speech-language therapy services through telemedicine must be meaningful and within the scope of the individual's person-centered individualized support plan. Telemedicine services may be utilized for completion of face-to-face consultations based upon the needs of the individual. Working with the individual, family and guardian, the speech therapist should determine what items in the household can be used to perform speech therapy tasks such as bubbles, mirrors, straws, and toothbrushes. Examples of utilizing telemedicine for speech-language therapy may include but are not limited to:



- Virtual discussion/consultation about treatment plan/goals and any short-term revision to strategies due to a change in routine or activity level.
- Identification of ways to incorporate speech-language techniques and strategies to implement at home or virtually as part of an adjusted routine or new schedule.
- Virtual discussion/consultation of current skills, regression, problem solving/adaptations, and techniques or strategies to be completed between sessions.
- Utilize verbal coaching, cueing and guidance to offer support and instruction and to ensure compliance with prescribed techniques.
- Utilize face-to-face video support for skill-building, modeling and visual instructional approaches.
- Virtual demonstration and training of the family, guardian or staff to assist the individual with the use of adaptive aids and devices and/or performing speech therapy tasks.
- Identification and utilization of items in the home (magazines or books with pictures or household items) to incorporate into virtual therapy session techniques.

Providers are encouraged to refer to [IHCP Bulletin BT202022](#) issued on March 19 for additional details on billing and documentation requirements and [ICHHP Bulletin BT202034](#) issued on April 2 addressing frequently asked questions. In addition, providers should utilize updated guidance from the Office of Civil Rights regarding HIPAA compliant telemedicine options available [by clicking here](#).

Following are key highlights of the guidance from the Office of Medicaid Policy and Planning on the delivery of telemedicine:

- Appropriate consent from the individual must be obtained by the provider prior to delivery of service. Consent may be received verbally or by electronic signature, and should be documented as such.
- The provider and/or individual may be located in their home(s) during the time of the service.
- Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the individual. This includes voice only communication and **does not** include non-voice communication such as emails or text messages.

Additionally:

- Telemedicine services may be utilized for an individual already receiving speech-language therapy services.
- Telemedicine services must include documented authorization by the individual and/or their legal representative(s) for any additional individuals to participate in Telemedicine Services. Authorization may be received verbally or by electronic signature, and should be documented as such.
- Telemedicine services must not be held in public spaces or via a public network.
- Telemedicine services may not be utilized for individuals requiring physical examination, hands-on physical assessment, medical procedures or in need of acute/urgent medical intervention.

- Planning, reporting and write-up when in association with the actual one-on-one direct care/therapy service delivery with the individual should continue while using telemedicine.
- Documentation must be maintained by the provider to substantiate: the services provided, consent was obtained, and services were rendered via telemedicine (including identification of the locations of the provider and individual). Documentation must be available for post-payment review.
- The use of telemedicine services will remain in effect only through the duration of the public health emergency.